

February 5, 2009

TO: Members of the Montana Senate Health, Welfare & Safety Committee

FROM: Edwin L. Stickney, M.D.

RE: SB 326

As a licensed Montana physician and past president of the Montana Medical Association, I write to urge your strong support of SB 326. I recommend a "do pass" committee vote for this proposal.

I wish I could attend your hearing to comment and answer questions in person, but my schedule interferes. However, I want all committee members to know that I would welcome the opportunity to talk with you about this should you wish to before taking action on SB 326. Please feel free to call me at the phone number listed below.

As background, I want to emphasize first that in my experience there are patients suffering from numerous conditions for whom medical marijuana can be the most helpful medicine available. Indeed, for some medical conditions, it can be a serious mistake – and risk – if medical marijuana is *not* used. This would include patients who suffer from Multiple Sclerosis, glaucoma and arthritis, which scientific research has proven can be prevented from worsening when marijuana is used. These are by no means the only examples, however. Patients who suffer chronic severe pain, as another example, often can achieve better relief with far lower side effects and risks, by using marijuana rather than prescription pain relievers. Indeed, I have worked with such patients who have reduced or entirely eliminated their need for risky pain relievers when using medical marijuana instead. These same principles can apply to a great many patients who suffer from various forms of cancer, particularly those enduring chemotherapy.

My reasons for urging support of SB 326 are simple.

First, SB 326 would add to the Montana law medical conditions for which marijuana is a proven benefit. As with some of the conditions currently covered in our law, the conditions SB 326 would add include several for which medical marijuana has been proven to be able to retard and in some cases even "freeze" the progression of these conditions – including diabetes and Alzheimer's. The bill's addition of PTSD along with anxiety and insomnia are particularly important as well. Marijuana is not perfectly suited to all patients who suffer these conditions, but it can be the best medicine for some of these patients – and SB 326 would merely give physicians the flexibility to improve their treatment of these patients in accordance with their professional medical judgment.

Most of the other provisions in SB 326 are designed to make the current law work more easily for suffering patients – to make it easier for them to maintain a steady supply of the medical marijuana they need.

I have no experience growing medical-quality marijuana, and only know what patients have told me about it. I am told that the current law's restrictions on the number of plants and amounts of medicine are unreasonably low. Certainly, when compared to the eight ounces per month that the federal government distributes to its patients, Montana's one-ounce limit is seriously deficient.

While I know little about the complexities of growing medical marijuana, what I do understand all too clearly is the negative consequences to a patient when the medicine is not available. Whatever we can do to better assure a steady supply of medicine to our state's medical marijuana patients should be done.

The most important feature of our current law that I hope the committee will keep in mind – and SB 326 would make no changes in this feature – is that no Montanan can become a protected, registered patient unless a licensed physician, in his or her best professional judgment, decides that the benefits of marijuana to that patient outweigh any risks. This keeps medical judgments where they belong – in the hands of Montana physicians.

Again, I strongly urge a favorable committee decision on SB 326 – and I would welcome the opportunity to answer any questions you may have.

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